

Genital infections in pregnancy

M. R. SPENCE (1977). *Medical Clinics of North America*, **61**, 139–151

Psoriasis of the penis: Koebner reaction following oral genital exposure

N. J. FIUMARA (1976). *Journal of the American Venereal Disease Association*, **3**, 59–60

Book Review

Sexual Maladjustment and Disease: An Introduction to Modern Venereology.

G. Hart, 1977. Pp. 229. 21 tables, 4 figs. 17 plates. Nelson-Hall, Chicago (\$15.00)

I have always favoured a holistic approach to venereology and the concept of regarding patients as people with sexual problems rather than merely people with sexually transmitted disease is an attractive one. Hence I opened Dr Hart's book with a good deal of eager anticipation. If my enthusiasm was not maintained it was perhaps because I expected too much. In a work with this title I would like to have seen discussion on the management of sexual difficulties—organic or psychological—and more emphasis on modern methods of sex education, such as the use of television and audiovisual aids.

Instead the reader is bombarded by a lot of truisms, many of which are very old indeed. We are informed that the best way to control sexually transmitted disease is to have clinics specialising in the treatment of sexually transmitted diseases. We are told why teenagers, soldiers, seamen, and immigrants are unduly prone to

venereal infection and why men visit prostitutes. Entrenched moralistic attitudes of both medical and lay persons are blamed for the poor treatment facilities for STD (in the United States), the low status of venereologists and hence the high morbidity of venereal disease. This assertion may be partly true but reminds one of the argument of the protagonists of the British National Health Service in the 1940s—comprehensive (and free) medical care should produce a healthier nation with consequent reduced demand for medical services and therefore increased cost effectiveness—it hasn't.

Not that Dr Hart has no original views: he advocates clinics where all types of sexual problems—such as, venereal disease, dyspareunia, or contraceptive difficulties—could be collectively handled and here his thinking is along sound lines. Good points are made on screening procedures for syphilis and gonorrhoea and the author suggests further study of promiscuous persons who do not contract STD which might provide data on as yet unknown prophylactic measures.

The various venereal diseases are briefly dealt with in a single chapter and in a straightforward manner. It must be admitted however that there are a number

Notice

The Editors wish to congratulate Dr C. S. Nicol on his receiving the CBE in the Queen's Birthday Honours. Dr Nicol has served on the Editorial Committee for many years.

of statements in the text which cannot pass entirely unchallenged and these sound rather disturbing especially when quoted out of context. Here are some examples:

'In countries with a comprehensive health service syphilis is virtually confined to underprivileged or socially deprived groups'

'Individuals indulging in frequent homosexual behaviour may have no homosexual tendencies whatsoever'

'The most common cause of penile ulceration is simple trauma'

'Candidiasis is rarely transmitted by sexual contact'

Having said this it is only fair to say that it is certainly gratifying to know that there is such an ardent apostle for the monospeciality of venereology across the Atlantic. The book is obviously directed mainly at the American reader however and most British venereologists are not likely to learn a great deal from it although the epidemiologist without special knowledge of STD will find the text useful. There are some excellent black and white photographs, and the quotations in small type and the arrangement of the references are well presented.

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